



# GRANDVIEW HEIGHTS SCHOOLS

## RECORDS REQUEST

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Name of previous school, agency, individual                      Telephone                      Fax

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Address                      City/State/Zip

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Student Name (full legal name)                      Birthdate                      Current Grade

<b>First Day at GHS</b>

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Student New Address                      City/State/Zip

**Records are to be released to:**

Grandview Heights High School  
1587 W. Third Ave.  
Columbus OH 43212  
Phone: 614-485-4000  
Fax: 614-485-1067

Larson Middle/Edison Intermediate  
1240 Oakland Ave.  
Columbus OH 43212  
Phone: 614-485-4100  
Fax: 614-481-3628

Stevenson Elementary  
1065 Oxley Rd.  
Columbus OH 43212  
Phone 614-485-4200  
Fax: 614-429-6083

GH Pupil Services  
1587 W. Third Ave.  
Columbus OH 43212  
Phone: 614-481-3634  
Fax: 614 481-4241

**Reason for Release of Records:** Transferring to Grandview Heights City School District.

Information to be released:

All records needed (including, but not limited to all items below as grade appropriate). If specific items are checked, you need only provide those records.

- |   |   |
|---|---|
| <input type="checkbox"/> Custody Papers   | <input type="checkbox"/> Grade Transcript (with explanation of grading scale) |
| <input type="checkbox"/> Educational Records  | <input type="checkbox"/> Grades as of Withdrawal                              |
| <input type="checkbox"/> State Test Results (State of Ohio)                                 | <input type="checkbox"/> Health/Immunization Records                          |
| <input type="checkbox"/> EMIS Number (State of Ohio)  | <input type="checkbox"/> Permanent/Cumulative Records                         |
| <input type="checkbox"/> Group Achievement/Ability Tests and other Standardized Test Scores | <input type="checkbox"/> Special Education/Psychological Reports              |

I authorize release of any and all requested information above. Also, it is my understanding that any information received by the Grandview Heights City School District will not be further released without my appropriate written consent. *Note: Federal Law 99/.31 states that no parent signature is required for education records to be sent to another educational agency.*

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**Parent/Guardian Signature**                      Date:

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**Student Signature (if 18 or older)**                      Date

For School Use Only:    Date Requested: \_\_\_\_\_ Initials: \_\_\_\_\_    Date Sent: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_